

***** SENSITIVE INFORMATION / CLOSE HOLD *****

DoDSER

Department of Defense Suicide Event Report



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2011 DoDSER Data Collection Worksheet (updated 6 Jan 2011)

Air Force Office of Special Investigations			
Data #	OPR(s)	Data Required	Remarks
1	OSI/MPF	Event type (circle): Suicide Suicide attempt (evidence of intent to die)	
2	OSI/MPF	Event date: Event time: Date of death:	
3	OSI/MPF	Last name of Deceased: _____ First name of Deceased: _____ Middle initial of Deceased: _____ Social Security Number of Deceased : _____	
4	OSI/MPF	Date of Birth of Deceased: Day: ____ Month ____ Year: ____	
5	OSI/MPF	Sex of Deceased (circle): Male Female	
6	OSI/MPF	Racial category (circle): American Indian/Alaskan; Native Asian/Pacific Islander; Black/African American; White/Caucasian Other: _____; Don't know	
7	OSI/MPF	Specific ethnic group (circle): Hispanic; Mexican; Puerto Rican; Cuban; Latin American; Other Spanish; Native American; Aleut Eskimo; U.S/Canadian; Indian Tribes; Asian; Chinese; Japanese; Korean; Indian; Filipino; Vietnamese; Other Asian; Pacific Islander; Melanesian; Polynesian; Other Pacific Islands Other; Don't know	
8	OSI/MPF	Current marital status (circle): Never married; Married; Legally separated; Divorced; Widowed; Don't know 8a. If married (circle): Resides w/spouse; Separated due to relationship issues; Separated for reasons other than relationship (e.g. deployed); Don't know	
9	OSI/MPF	Education (circle): Some high school but did not graduate; GED; High school graduate; Some college or technical school but no degree or certificate; College degree of less than 4 yrs or technical school certificate; Four-year college degree; Master's degree or greater; Don't know	
11	OSI	Residence at time of event (circle): Barracks; Tents or other shared military living environment; Bachelor Enlisted Quarters (BEQ) or Bachelor Officer Quarters (BOQ); On-base family housing; Owned or leased apartment or house; Ship; Other; Don't know	
12	OSI	Did the patient/decedent reside alone at the time of the event? (circle) Yes No Don't know	
13	OSI/MPF	Did the patient/decedent have minor children? (circle) Yes No Don't know 13a. If yes, were the children residing with him/her? Yes No Don't know	
15	OSI/MPF	Component/Military status: (circle) Regular (e.g. Army, Air Force); Reserve (e.g. USAR, USMCR); National Guard; Other : _____	
22	OSI/MPF	Pay grade: (circle) E1 E2 E3 E4 E5 E6 E7 E8 E9 W1 W2 W3 W4 W5 O1 O2 O3 O4 O5 O6 O7 O8 O9 O10 Cadet/Midshipman Does not apply	
23	OSI/MPF	Permanent duty station/command location: (circle) Same as geographic event location; Other location If other location: Country: _____ State: _____ City, post, or installation: _____	

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2	OSI	Event date: Day ____ Month ____ Year ____ Event time: (military format e.g. 1425 hrs) _____	
29	OSI	Geographic location of event: Country: _____ State: _____ City/post/installation: _____	
30	OSI	Event setting: (circle) Residence (own) or barracks; Residence of friend or family; Work/jobsite; Automobile (away from residence); Inpatient medical facility; Other : _____	
32	OSI	Primary method used: (circle) Drugs; Alcohol; Gas vapor poisoning by vehicle exhaust; Gas vapor poisoning by utility (or other) gas; Solvents, pesticides and other agricultural chemicals; Hanging; Drowning; Firearm/gun, military issue or duty weapon; Firearm/gun, other than military issue; Fire, steam, etc.; Sharp or blunt object; Jumping from high place; Lying in front of a moving object; Crashing a motor vehicle; Other : _____; Don't know	
33	OSI	During the event, was alcohol used? Yes No Don't know	
34	OSI	During the event, were drugs used? Yes No Don't know 34a. If yes, what types of drugs were used? Drugs (illicit/illegal): Overdose; used, no overdose; were not used Prescription medications: Overdose; used, no overdose; were not used Non-prescription medications (e.g. over-the-counter medications): Overdose; used, no overdose; were not used	
39	OSI	Was the event performed under circumstances where it would likely be observed and intervened in by others? Yes No Don't know	
40	OSI	Was a suicide note left? (circle) Yes No Don't know	
41	OSI/ERB	Prior to the event, did the patient/decedent communicate potential for self-harm? (other than a suicide note) Yes No Don't know If yes, how? (check all that apply): Written; Verbal; Other: _____ To whom? (check all that apply): Supervisor; Chaplain; Mental health staff; Friend Spouse or significant other; Other: _____	
43	OSI/MPF	Duty environment/status at time of event: (circle all that apply) Garrison; Leave; TDY/TAD; AWOL; Deployed; Training; Psychiatric hospitalization; Medical hold; In evacuation chain; Under command observation (e.g. CIP); Other: _____	
44	OSI/ERB	Please describe the general sequence of events leading up to the ideation/attempt/completion and discovery/ intervention.	
102	OSI/Unit	Prior to the event, was there evidence of a gun in the home or immediate environment? (circle) Yes No Don't Know	

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Military Personnel Flight			
Data #	OPR(s)	Data Required	Remarks
3	MPF/OSI	Last name: _____ First name: _____ Middle initial: _____ Social Security Number: _____	
4	MPF/OSI	Date of birth: Day: ____ Month ____ Year: ____	
6	MPF/OSI	Racial category (circle): American Indian/Alaskan; Native Asian/Pacific Islander; Black/African American; White/Caucasian; Other; Don't know	
7	MPF/OSI	Specific ethnic group (circle): Hispanic; Mexican; Puerto Rican; Cuban; Latin American; Other Spanish; Native American; Aleut Eskimo; U.S/Canadian; Indian Tribes; Asian; Chinese; Japanese; Korean; Indian; Filipino; Vietnamese; Other Asian; Pacific Islander; Melanesian; Polynesian; Other Pacific Islands Other; Don't know	
8	MPF/OSI	Current marital status (circle): Never married; Married; Legally separated; Divorced; Widowed; Don't know If married (circle): Resides with spouse Separated due to relationship issues Separated for reasons other than relationship (e.g. deployed) Don't know	
9	MPF/OSI	Education (circle): Some high school but did not graduate; GED; High school graduate; Some college or technical school but no degree or certificate; College degree of less than 4 yrs or technical school certificate; Four-year college degree; Master's degree or greater; Don't know	
10	MPF	Religious Preference:	
13	MPF/OSI	Did the patient/decedent have minor children? (circle) Yes No Don't know 13a. If yes, were the children residing with him/her? Yes No Don't know	
15	MPF/OSI	Component/Military status: (circle) Regular (e.g. Army, Air Force) Reserve (e.g. USAR, USMCR) National Guard Other : _____	
16	MPF	Primary Job code: (AFSC #):	
21	MPF	Duty status at time of event: (circle all that apply) Active Duty AGR (Active Guard/Reserve) IET (Basic and Advanced Individualized Training) Mobilized RC (Reserve and National Guard) ADT (Active Duty for Training) Selected Reserve (SELRES – Not on active Duty or Drill) Individual Duty Training (IDT - Weekend Reserve Drill) Retired Released from active duty within 120 days Other: _____ Does not apply	

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22	MPF/OSI	Pay grade: (circle) E1 E2 E3 E4 E5 E6 E7 E8 E9 W1 W2 W3 W4 W5 O1 O2 O3 O4 O5 O6 O7 O8 O9 O10 Cadet/Midshipman Does not apply	
23	MPF/OSI	Permanent duty station/command location: (circle) Same as geographic event location; Other location If other location, Country: _____ State: _____ City, post, or camp: _____	
24	MPF/OSI	Permanent duty assignment: (circle) Enter the MAJCOM Command of the Deceased member's unit (not the MAJCOM of the base): _____	
25	MPF	UIC or other unit identification: _____	
26	MPF	Date of entry into the military: Date of rank:	
27	MPF	Length of time in unit: years ____ months ____	
43	MPF/OSI	Duty environment/status at time of event: (circle all that apply) Garrison; Leave; TDY/TAD; AWOL; Deployed; Training; Psychiatric hospitalization; Medical hold; In evacuation chain; Under command observation (e.g. CIP); Other: _____	
72	MPF	<p>How many deployments? (circle) 0 1 2 3 or more</p> <p>Please specify the MOST RECENT deployment first.</p> <p>72a. Deployment location 1: (circle) United States; Iraq; Afghanistan; Kuwait; Korea; Kosovo; Other Europe; North America ;Central or South America; Other : _____</p> <p>Deployment 1 start date: Day ____ Month ____ Yr ____ Deployment 1 end date: Day ____ Month ____ Yr ____ Deployment 1 R&R start: Day ____ Month ____ Yr ____ Deployment 1 R&R end: Day ____ Month ____ Yr ____</p> <p>72b. Deployment location 2: (circle) United States; Iraq; Afghanistan; Kuwait; Korea; Kosovo; Other Europe; North America ;Central or South America; Other : _____</p> <p>Deployment 2 start date: Day ____ Month ____ Yr ____ Deployment 2 end date: Day ____ Month ____ Yr ____ Deployment 2 R&R start: Day ____ Month ____ Yr ____ Deployment 2 R&R end: Day ____ Month ____ Yr ____</p> <p>72c. Deployment location 3: (circle) United States; Iraq; Afghanistan; Kuwait; Korea; Kosovo; Other Europe; North America ;Central or South America; Other : _____</p> <p>Deployment 3 start date: Day ____ Month ____ Yr ____ Deployment 3 end date: Day ____ Month ____ Yr ____ Deployment 3 R&R start: Day ____ Month ____ Yr ____ Deployment 3 R&R end: Day ____ Month ____ Yr ____</p>	
73	MPF	Was a waiver to deploy required and/or obtained for OIF/OEF? Yes No Don't know	
74	MPF	Did the patient/decedent experience direct combat operations? Yes No Don't know	

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		<p>74a. If yes, how long prior to event? (select the most recent occurrence)</p> <p>Deployment 1 (most recent) Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p> <p>Deployment 2 Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p> <p>Deployment 3 Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p> <p>If yes, did the patient/decedent...</p> <p>Deployment 1(most recent) ...and his/her unit engage in battle resulting in casualties/wounded? ...become wounded or injured in combat? ...personally witness a unit member, ally, enemy, or civilian being seriously wounded or killed? ...see the bodies of dead soldiers or civilians following battle? ...kill others in combat (or have reason to believe others were killed as result of actions)?</p> <p>Deployment 2 ...and his/her unit engage in battle resulting in casualties/wounded? ...become wounded or injured in combat? ...personally witness a unit member, ally, enemy, or civilian being seriously wounded or killed? ...see the bodies of dead soldiers or civilians following battle? ...kill others in combat (or have reason to believe others were killed as result of actions)?</p> <p>Deployment 3 ...and his/her unit engage in battle resulting in casualties/wounded? ...become wounded or injured in combat? ...personally witness a unit member, ally, enemy, or civilian being seriously wounded or killed? ...see the bodies of dead soldiers or civilians following battle? ...kill others in combat (or have reason to believe others were killed as result of actions)?</p>	
75	MPF	<p>Did the patient or decedent have orders to deploy?</p> <p>Yes No Not applicable Don't know</p>	
26	MPF	<p>Date of entry into the military:</p> <p>Date of rank:</p>	
77	MPF	<p>Please describe any additional relevant military history including additional relevant deployment history:</p>	

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Surgeon General			
Data #	OPR(s)	Data Required	Remarks
(31-Atte mpt)	SG	Does not pertain to completed suicides. For other events: Actions taken as a consequence of the current event: Hospitalization (inpatient); Outpatient mental health valuation/treatment; Evacuation; Other _____ 31a. If Hospitalization, Start date of hospitalization if known: Day_____ Month_____ Year_____ Unknown End date of hospitalization if known: Day_____ Month_____ Year_____ Unknown Patient is still in the inpatient facility: Yes No	
45	SG	Prior to the event, was the patient/decedent seen by a Medical Treatment Facility? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr Is the medical location military-run or civilian-run? Military Treatment Facility or clinic; Civilian facility; Don't Know	
46	SG	Prior to the event, was the patient/decedent seen by Substance Abuse Services? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr Is the medical location military-run or civilian-run? Military Treatment Facility or clinic; Civilian facility; Don't Know	
47	SG	Prior to the event, was the patient/decedent seen by a Family Advocacy Program? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr Is the medical location military-run or civilian-run? Military Treatment Facility or clinic; Civilian facility; Don't Know	
49	SG	Prior to the event, was the patient/decedent seen by Outpatient Mental Health? (including deployment mental health services) Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr Is the medical location military-run or civilian-run? Military Treatment Facility or clinic; Civilian facility; Don't Know	
50	SG	Prior to the event, was the patient/decedent seen by Inpatient Mental Health? (including deployment mental health services) Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr Is the medical location military-run or civilian-run? Military Treatment Facility or clinic; Civilian facility; Don't Know	
51	SG	Prior to the event, had the patient/decedent been diagnosed with any Mood Disorder (e.g. major depression, etc.)? Yes No Don't Know	
51	SG	Prior to the event, had the patient/decedent been diagnosed with Bipolar Disorder? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	

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51	SG	<p>Prior to the event, had the patient/decedent been diagnosed with Major Depression? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
51	SG	<p>Prior to the event, had the patient/decedent been diagnosed with Dysthymic Disorder? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
51	SG	<p>Prior to the event, had the patient/decedent been diagnosed with any other Mood Disorder? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
52	SG	<p>Prior to the event, had the patient/decedent been diagnosed with any Anxiety Disorder (e.g. PTSD, etc.)? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
52	SG	<p>Prior to the event, had the patient/decedent been diagnosed with any PTSD? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
52	SG	<p>Prior to the event, had the patient/decedent been diagnosed with any Panic Disorder? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
52	SG	<p>Prior to the event, had the patient/decedent been diagnosed with any Generalized Anxiety Disorder? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
52	SG	<p>Prior to the event, had the patient/decedent been diagnosed with any Acute Stress Disorder? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
52	SG	<p>Prior to the event, had the patient/decedent been diagnosed with any other Anxiety Disorder? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
53	SG	<p>Prior to the event, had the patient/decedent been diagnosed with a Sleep Disorder? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
55	SG	<p>Prior to the event, had the patient/decedent been diagnosed with a Personality Disorder? Yes No Don't Know</p>	

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		If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
56	SG	Prior to the event, had the patient/decedent been diagnosed with a Psychotic Disorder? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
54	SG	Prior to the event, had the patient/decedent been diagnosed with any Adjustment Disorder? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
55	SG	Prior to the event, had the patient/decedent been diagnosed with Paranoid Disorder? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
55	SG	Prior to the event, had the patient/decedent been diagnosed with Schizoid Disorder? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
55	SG	Prior to the event, had the patient/decedent been diagnosed with Schizotypal Disorder? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
55	SG	Prior to the event, had the patient/decedent been diagnosed with Antisocial Disorder? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
55	SG	Prior to the event, had the patient/decedent been diagnosed with Borderline Disorder? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
55	SG	Prior to the event, had the patient/decedent been diagnosed with Histrionic Disorder? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
55	SG	Prior to the event, had the patient/decedent been diagnosed with Narcissistic Disorder? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
55	SG	Prior to the event, had the patient/decedent been diagnosed with Avoidant Disorder? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	

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55	SG	<p>Prior to the event, had the patient/decedent been diagnosed with Dependant Disorder? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
55	SG	<p>Prior to the event, had the patient/decedent been diagnosed with Obsessive Compulsive Disorder? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
55	SG	<p>Prior to the event, had the patient/decedent been diagnosed with any Personality Disorder NOS? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
56	SG	<p>Prior to the event, had the patient/decedent been diagnosed with Schizophrenia Catatonic type? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
56	SG	<p>Prior to the event, had the patient/decedent been diagnosed with Schizophrenia Disorganized type? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
56	SG	<p>Prior to the event, had the patient/decedent been diagnosed with Schizophrenia Paranoid type? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
56	SG	<p>Prior to the event, had the patient/decedent been diagnosed with Schizophrenia Residual type? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
56	SG	<p>Prior to the event, had the patient/decedent been diagnosed with Schizophrenia Undifferentiated type? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
56	SG	<p>Prior to the event, had the patient/decedent been diagnosed with Schizophreniform Disorder? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
56	SG	<p>Prior to the event, had the patient/decedent been diagnosed with Delusional Disorder? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
56	SG	<p>Prior to the event, had the patient/decedent been diagnosed with Brief Psychotic Disorder? Yes No Don't Know</p>	

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		If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
56	SG	Prior to the event, had the patient/decedent been diagnosed with Shared Psychotic Disorder? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
56	SG	Prior to the event, had the patient/decedent been diagnosed with Psychotic disorder due to general medical condition? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
56	SG	Prior to the event, had the patient/decedent been diagnosed with Substance-Induced Psychotic Disorder? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
56	SG	Prior to the event, had the patient/decedent been diagnosed with any Psychotic disorder NOS? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
57	SG	Prior to the event, had the patient/decedent been diagnosed with a traumatic brain injury (TBI)? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
58	SG	Prior to the event, had the patient/decedent been diagnosed with any other disorder?	
59	SG	Prior to the event, had the patient/decedent had a history of Substance Abuse? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr 59a. If the patient/decedent had a history with substance abuse, select all that apply. Alcohol: Dependence Abuse Drugs (illicit/illegal): Dependence Abuse Prescription medications: Dependence Abuse Non-prescription (e.g. OTC medication): Dependence Abuse	
60	SG	Prior to the event, had the patient/decedent taken Psychotropic Medications? Yes No Don't Know	
60	SG	Prior to the event, had the patient/decedent taken Antidepressants? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	

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60	SG	<p>Prior to the event, had the patient/decedent taken Anti-Anxiety Medications? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
60	SG	<p>Prior to the event, had the patient/decedent taken Antimanics? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
60	SG	<p>Prior to the event, had the patient/decedent taken Anticonvulsants? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
60	SG	<p>Prior to the event, had the patient/decedent taken Antipsychotics? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
60	SG	<p>Please list medications prescribed in the 90 days prior to the event.</p>	
61	SG	<p>Prior to the event, had the patient/decedent had prior self-injurious events? Yes No Don't Know</p> <p>61a. If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p> <p>If yes, how many prior events? One prior event; More than one</p> <p>Was this event similar to prior event(s)? Yes No Don't Know</p> <p>Age at first self-injurious event? _____</p>	
63	SG	<p>Please elaborate on any other relevant details related to the patient/decedent's mental health treatment history:</p>	
68	SG	<p>Prior to the event, was the patient/decedent the subject of a Medical Evaluation Board? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
78	SG	<p>Prior to the event, was the patient/decedent an alleged or confirmed VICTIM of physical abuse or assault? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	

2011 DoDSER Data Collection Worksheet (updated 6 Jan 2011)

79	SG	<p>Prior to the event, was the patient/decedent an alleged or confirmed VICTIM of sexual abuse or assault? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
80	SG	<p>Prior to the event, was the patient/decedent an alleged or confirmed VICTIM of emotional abuse or assault? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
81	SG	<p>Prior to the event, was the patient/decedent an alleged or confirmed VICTIM of sexual harassment? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
86	SG	<p>Please describe any known childhood or developmental history that may have contributed to the event.</p>	
82	SG/Unit	<p>Prior to the event, was the patient/decedent an alleged or confirmed PERPETRATOR of physical abuse or assault? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
83	SG/Unit	<p>Prior to the event, was the patient/decedent an alleged or confirmed PERPETRATOR of sexual abuse or assault? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
84	SG/Unit	<p>Prior to the event, was the patient/decedent an alleged or confirmed PERPETRATOR of emotional abuse assault? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
85	SG	<p>Prior to the event, was the patient/decedent an alleged or confirmed PERPETRATOR of sexual harassment? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
94	SG/ERB	<p>Prior to the event, was there evidence of a physical health problem? (circle) Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
101	SG/ERB	<p>Did the patient/decedent have a family history of mental illness? Yes No Don't Know</p>	

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104	SG	<p>Is there any indication that the person engaged in self-directed violent behavior, either preparatory or potentially harmful? (circle) Yes No If yes: Did the behavior involve any injury? (circle) Yes No Was the injury fatal? (circle) Yes No Is there evidence of Suicidal Intent? (circle) Yes No Don't know Was the behavior interrupted by Self/Other? (circle) Yes No Was the behavior preparatory only? (circle) Yes No Is there any indication that the person had self-directed violence related thoughts? (circle) Yes No Were/Are the thoughts suicidal? (circle) Yes No</p>	
105	SG	<p>The following self-directed violence classification seems to be the best match for your answers to the above questions: Do you feel this classification matches the event described by this report? Which of the following classifications best matches the event described by this report? (circle) Yes No</p> <p>If No, which of the following classifications best matches the event described by this report?</p> <p>Non-Suicidal SDV Ideation; Suicidal Ideation, With Undetermined Suicidal Intent; Suicidal Ideation, Without Suicidal Intent; Suicidal Ideation, With Suicidal Intent; Undetermined SDV, Without Injury; Non-Suicidal SDV, Without Injury; Suicide Attempt, Without Injury; Undetermined SDV, Without Injury, Interrupted by Self/Other; Non-Suicidal SDV, Without Injury, Interrupted by Self/Other; Suicide Attempt, Without Injury, Interrupted by Self/Other; Undetermined SDV, Preparatory; Non-Suicidal SDV, Preparatory; Suicidal SDV, Preparatory; Undetermined SDV, With Injury; Non-Suicidal SDV, With Injury; Suicide Attempt, With Injury; Undetermined SDV, With Injury, Interrupted by Self/Other; Non-Suicidal SDV, With Injury, Interrupted by Self/Other; Suicide Attempt, With Injury, Interrupted by Self/Other; Undetermined SDV, Fatal; Non-Suicidal SDV, Fatal; Suicide</p>	

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106	SG	(For Medical Providers Only) Provide a brief "bio-psycho-social" formulation as to WHY this patient/decedent engaged in suicidal behavior. (Note: Personally identifying information in the narrative summary is protected by HIPAA and FOIA exemption 6 (5 U.S.C. (b)(6)).)	
107	SG	Location where this DoDSER was completed: (circle one) Same as geographic event location; Other location 107a. If other location, Country: _____ State: _____ City, post, or camp: _____	
108	SG	Medical facility or unit where this DoDSER was completed or supporting MTF: _____ Air Force Command: _____	
109	SG	Behavioral Health provider: Name: _____ Rank/grade: _____ Phone number: _____ DSN prefix: _____ Email: _____@_____ Specialty: (circle) Licensed Mental health Counselor or equivalent; Psychiatric Nurse; Psychiatrist; Psychologist Social Worker; Other	
110	SG	Form Completer (Non-Behavioral Health Provider): Name: _____ Rank/grade: _____ Command (Navy/Marines only): _____ Phone number: _____ DSN prefix: Email: _____@_____	
Unit			
Data #	OPR(s)	Data Required	Remarks
17	Unit	Duty job code at time of event: (MOS, SSI, DAFSC, or other military job code)	
18	Unit	Level of security clearance: Confidential; Top Secret; Secret; Don't Know	
19	Unit	Personnel Reliability Program (PRP) at time of event: Critical Position; Controlled Position; None; Don't Know	
20	Unit	Work more than 50 hours per week? ...Have stress associated with work environments due to limited resources	

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		(e.g., personnel)? ...Have job duties or work environments that were unpredictable? ...Have an increase in workload, production, or quotas (within 30 days of event)? ...Have a job that caused him or her to have less than 8 hours of sleep in the 72 hours prior to the event?	
48	Unit	Prior to the event, was the patient/decedent seen by Chaplain Services? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence): Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr Is the medical location military-run or civilian-run? Military Treatment Facility or clinic; Civilian facility; Don't Know	
62	Unit	Did the patient or decedent receive his/her required suicide prevention trainings? Yes No Don't Know What training was received, and how was it delivered? If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
64	Unit	Prior to the event, was the patient/decedent the subject of Courts Martial proceedings? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
65	Unit	Prior to the event, was the patient/decedent the subject of Article 15 proceedings or civilian criminal problems? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
66	Unit	Prior to the event, was the patient/decedent the subject of Administrative Separation proceedings? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
67	Unit	Prior to the event, was the patient/decedent the subject of AWOL/UA? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
68	Unit	Prior to the event, was the patient/decedent the subject of a Medical Evaluation Board? (e.g. child custody dispute, litigation)? Yes No Don't Know	
69	Unit	Prior to the event, was the patient/decedent the subject of civil legal problems? (e.g. child custody dispute, litigation)? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
70	Unit	Prior to the event, was the patient/decedent the subject of non-selection for advanced schooling, promotion, or command? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	

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14	Unit	Describe the patient/decendant's involvement in community support systems (e.g., church/religious/spiritual groups, community organizations):	
73	Unit	Was a waiver to deploy required and/or obtained for OIF/OEF?	
82	Unit/SG	Prior to the event, was the patient/decendent an alleged or confirmed PERPETRATOR of physical abuse or assault? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
83	Unit/SG	Prior to the event, was the patient/decendent an alleged or confirmed PERPETRATOR of sexual abuse or assault? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
84	Unit/SG	Prior to the event, was the patient/decendent an alleged or confirmed PERPETRATOR of emotional abuse or assault? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
96	Unit/ERB	Prior to the event, was the patient/decendent the subject of excessive debt or bankruptcy? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : (circle) Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
97	Unit/ERB	Prior to the event, was the patient/decendent the subject of job problems? (e.g. laid off, fired, excessive pressure) Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : (circle) Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
98	Unit/ERB	Prior to the event, was the patient/decendent the subject of supervisor or coworker issues or problems? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : (circle) Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
99	Unit/ERB	Prior to the event, was the patient/decendent the subject of a poor work performance review or evaluation? (e.g. bar for reenlistment, flagged record, extra duty imposed)? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : (circle) Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
100	Unit/ MEO	Prior to the event, was the patient/decendent the subject of unit or workplace hazing? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : (circle) Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
102	Unit/OSI	Prior to the event, was there evidence of a gun in the home or immediate environment? (circle) Yes No Don't Know	

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MEO			
Data #	OPR(s)	Data Required	Remarks
81	MEO	Prior to the event, was the patient/decedent an alleged or confirmed VICTIM of sexual harassment? (circle) Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : (circle) Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
85	MEO	Prior to the event, was the patient/decedent an alleged or confirmed PERPETRATOR of sexual harassment? (circle) Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : (circle) Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
100	MEO/ Unit	Prior to the event, was the patient/decedent the subject of unit or workplace hazing? Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) : (circle) Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
Event Review Board			
Data #	OPR(s)	Data Required	Remarks
1	ERB	Event type (circle): Suicide Suicide attempt (evidence of intent to die)	
35	ERB	Is there evidence that the patient/decedent intended to die? Yes No Cannot determine	
36	ERB	Were there self-inflicted injuries (including poisoning)? Yes No Cannot determine	
37	ERB	Is there evidence the event involved death-risk gambling? (e.g. Russian roulette, walking railroad tracks, playing "chicken") Yes No Cannot determine	
38	ERB	Is there evidence the event was planned and/or premeditated? Yes No Cannot determine	
41	ERB/OSI	Prior to the event, did the patient/decedent communicate potential for self-harm? (other than a suicide note) Yes No Don't know 41a. If yes, how? (check all that apply): Written; Verbal; Other: _____ 41b. To whom? (check all that apply): Supervisor; Chaplain; Mental health staff; Friend Spouse or significant other; Other: _____	
42	ERB	What was the patient/decedent's primary motivation for performing this event? Emotion relief (e.g. to stop bad feelings, self-hatred, anxiety relief); Interpersonal influence (e.g. to get help, get attention, shock others); Feeling generation (e.g. to stop feeling numb); Avoidance/escape (e.g. to avoid or escape deployment, prevent being hurt in other ways); Individual reasons (e.g. self-punishment, to express anger, be with deceased loved one); Hopelessness (e.g. pessimistic regarding future); Depression (e.g. chronic or severe clinically depressed mood); Other psychiatric symptoms (e.g. PTSD, psychotic); Impulsivity (e.g. due to substance abuse, personality	

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		characteristics); Other : _____ Don't know	
44	ERB/OSI	Please describe the general sequence of events leading up to the ideation/attempt/completion and discovery/ intervention.	
71	ERB	Please describe or elaborate on life stressors or other circumstances affecting the patient/decedent prior to the event:	
76	ERB	Was the event related to a deployment? Yes No Don't know 76a. If yes, what type of deployment(s)? (check all that apply): Anticipated deployment; Current deployment; Prior deployment	
87	ERB	Prior to the event, was there evidence of a failed or failing spousal or intimate partner relationship? (circle) Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
88	ERB	Prior to the event, was there evidence of a failed or failing other relationship? (circle) Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
89	ERB	Prior to the event, was there evidence of a completed spousal suicide? (circle) Yes No Don't Know If yes, how long prior to event? (select the most recent occurrence) Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	

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90	ERB	<p>Prior to the event, was there evidence of a completed family suicide? (circle) Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
91	ERB	<p>Prior to the event, was there evidence of a completed suicide by a friend? (circle) Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
92	ERB	<p>Prior to the event, was there evidence of a death of spouse or family member (other than suicide)? (circle) Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
93	ERB	<p>Prior to the event, was there evidence of the death of a friend (other than suicide)? (circle) Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
94	ERB/SG	<p>Prior to the event, was there evidence of a physical health problem? (circle) Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
95	ERB/SG	<p>Prior to the event, was there evidence of a chronic spousal or family severe illness? (circle) Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
96	Unit/ERB	<p>Prior to the event, was the patient/decedent the subject of excessive debt or bankruptcy? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
97	ERB/Unit	<p>Prior to the event, was the patient/decedent the subject of job problems (e.g. laid off, fired, excessive pressure) Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
98	Unit/ERB	<p>Prior to the event, was the patient/decedent the subject of supervisor or coworker issues or problems? Yes No Don't Know</p> <p>If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr</p>	
99	Unit/ERB	<p>Prior to the event, was the patient/decedent the subject of a poor work performance review or evaluation? (e.g. bar for reenlistment, flagged record, extra duty imposed)? Yes No Don't Know</p>	

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		If yes, how long prior to event? (select the most recent occurrence) : Within 30 days; Within 3 mo; Within 1 yr; Over 1 yr	
103	ERB	Please describe or elaborate on any additional details related to these factors (Items 87-102). For item 94, include significant illnesses, recent loss or change in health status, injuries, accidents, hospitalization, current medications, and history of compliance with medications:	
111	ERB	<p>Information based on certain types of records requires special privacy protection by some Service's suicide surveillance programs. Please indicate what sources of information were used to compile this report: (circle all that apply)</p> <p>Interviews with: The patient (non-fatalities); Co-workers/supervisors; Responsible investigative agency officer; Involved professionals, such as physicians, behavioral health clinicians, drug and alcohol counselors, chaplains, military police, family service personnel (e.g. ACS), etc.; Family Members</p> <p>Review of records including: Medical and behavioral health records; Family Advocacy Records; Substance Abuse Program records; Personnel Records ; Responsible investigative agency records (e.g. AFOSI); Court-martial records ; Records related to manner of death, such as casualty reports, toxicology/lab reports, pathology/autopsy reports, suicide notes, etc.</p>	
112	ERB	Comments:	